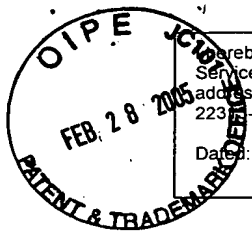


03-02-05

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 419 929 535 US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Date: February 28, 2005

Signature:

Meg E Williams
(Megan E. Williams)

Docket No.: HUI-027CPDV1
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Laurie H. Glimcher *et al.*

Application No.: 09/879312

Confirmation No.: 6498

Filed: June 12, 2001

Art Unit: 1632

For: HUMAN C-MAF COMPOSITIONS AND
METHODS OF USE THEREFOR

Examiner: J. T. Woitach

AMENDMENT AFTER FINAL ACTION (37 C.F.R. SECTION 1.116)

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated November 29, 2004, please amend the above-identified U.S. patent application as follows:

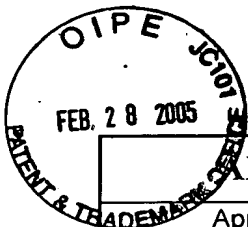
Amendments to the Specification begin on page 2 of this paper.

Amendments to the Drawings begin on page 4 of this paper and include both an attached replacement sheet and an annotated sheet showing changes.

Amendments to the Claims begin on page 5 of this paper.

Remarks/Arguments begin on page 11 of this paper.

An **Appendix** including amended drawing figures is attached following page 15 of this paper.



AMENDMENT TRANSMITTAL LETTER			Docket No. HUI-027CPDV1
Application No. 09/879312-Conf. #6498	Filing Date June 12, 2001	Examiner J. T. Woitach	Art Unit 1632

Applicant(s): Laurie H. GLIMCHER *et al.*

Invention: HUMAN C-MAF COMPOSITIONS AND METHODS OF USE THEREFOR

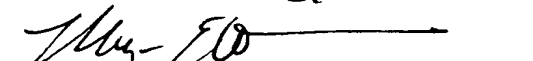
TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	28	- 32 =		x	0.00
Independent Claims	3	- 3 =		x	0.00
Multiple Dependent Claims (check if applicable)				<input checked="" type="checkbox"/>	0.00
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

- ☒ Large Entity ☐ Small Entity
- ☒ No additional fee is required for this amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 12-0080
as described below. A duplicate copy of this sheet is enclosed.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Megan E. Williams
Attorney Reg. No.: 43,270

Dated: February 28, 2005

LAHIVE & COCKFIELD, LLP
28 State Street
Boston, Massachusetts 02109
(617) 227-7400

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Dated: February 28, 2005

Signature:  (Megan E. Williams)